

Medicare At A Glance Indiana 2011

Who runs the Medicare Program?

The Centers for Medicare & Medicaid Services (CMS) is the Federal agency that runs Medicare. CMS is part of the US Department of Health and Human Services.

What is Medicare?

Medicare is health insurance for people age 65 or older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare has the following parts:

- Part A (Hospital Insurance)
- Part B (Medical Insurance)
- Part C (Medicare Insurance)
- Part D (Medicare Prescription Drug Coverage)

What is Medicare Part A?

Medicare Part A helps cover inpatient care in hospitals. This includes critical access hospitals and inpatient rehabilitation facilities. It also helps cover hospice care and home health care, and skilled nursing facilities (not custodial or long-term care). You must meet certain conditions to get these benefits.

Cost: You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working.

If you aren't eligible for premium-free Part A, you may be able to buy Part A if you meet the citizenship or residency requirements, and you are age 65 or older. You may also be

Paying for Hospital Stays			
Inpatient Hospital Stays		Skilled Nursing Facilities	
Days 1 - 60	\$1,132 total deductible	Days 1 – 20	\$0
Days 61 - 90	\$283 co-pay per day	Days 21 - 100	\$141.50 per day
Days 91 - 150	\$566 co-pay per day	Days 100 +	All costs
Days 150 +	All costs		

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able to buy Part A if you are under age 65, disabled, and your premium-free Part A coverage ended because you returned to work.

What is Medicare Part B?

Medicare Part B helps cover medically-necessary services like doctors' services, outpatient care, and other medical services. Part B also covers preventive services at \$0 copay and \$0 deductible. These include welcome to Medicare physical exam, abdominal aortic aneurysm screening, annual wellness exam, bone mass measurement, cardiovascular disease screening, colorectal cancer screening, diabetes screening, mammogram screening, pap test/pelvic exam/clinical breast exam, vaccines, flu H1N1 flu, hepatitis B, pneumonia. Copay and deductible apply to glaucoma tests, HIV screening, Medicare nutrition therapy services, prostate cancer screening, smoking cessation counseling.

Cost: Most people pay the standard Part B Premium each month as well as a \$162 annual deductible. Some people may pay a higher premium based on their income. Your monthly premium will be higher than the standard premium if you are single (file an individual tax return), and your yearly modified adjusted gross income is more than \$85,000 (in 2009), or if you are married (file a joint tax return) and your yearly modified adjusted gross

Yearly Income Filed Individual Tax Return	File Joint Tax Return	Premium
\$85,000 or less (2008-2009)	\$170,000 or less	\$96.40
\$85,000 or less (2011)	\$170,000 or less	\$115.40
\$85,000.01-\$107,000	\$170,000.01-\$214,000	\$161.50
\$107,000.01-\$160,000	\$214,000.01-\$320,000	\$230.70
\$428,000.01 or more	\$428,000.01 or more	\$299.90

income is more than \$170,000 (in 2009). Your modified adjusted gross income is your adjusted gross (taxable) income plus your tax-exempt interest income. However, the majority of Medicare beneficiaries will continue to pay the same \$96.40 premium amount they have paid since 2008.

What is not covered by Medicare Part A and Part B?

Medicare doesn't cover everything. For example, Medicare doesn't cover cosmetic surgery, health care you get while traveling outside of the United States (except in limited cases), hearing aids, most hearing exams, long-term care (like care in a nursing home),

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most eyeglasses, most dental care and dentures, and more. Some of these services may be covered by a Medicare Advantage Plan (like an HMO or PPO).

What is Medicare prescription drug coverage?

Medicare offers prescription drug coverage (Part D) for everyone with Medicare. This coverage may help you lower your prescription drug costs and help you protect against higher costs in the future. It can give you greater access to drugs that you can use to prevent complications of diseases and stay well.

The initial coverage limit is \$2,840, there are currently 32 Medicare Prescription Drug Plans (PDPs) available with \$14.80 as the lowest monthly premium for a PDP in the state of Indiana. To get Medicare drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare.

Cost: Each plan can vary in cost and drugs covered. If you join a Medicare drug plan, you usually pay a monthly premium as well as a \$310 deductible. If you decide not to join a Medicare drug plan when you are first eligible, you may pay a penalty if you choose to join later. Plan costs and coverage change each year, so all people with Medicare should check to make sure their plan still meets their needs. Beginning in 2011, the Affordable Care Act requires Part D enrollees whose income exceeds the same thresholds that apply to higher income Part B enrollees to pay a monthly adjustment amount.

Extra Help: Anyone who has Medicare can get extra help with his or her Medicare Part D prescription drug coverage. Some people with limited income and resources are eligible for Extra Help to pay for the costs—monthly premiums, annual deductibles, and prescription co-payments—related to a Medicare prescription drug plan. To qualify, your resources must be limited to \$13,020 for an individual or \$25,260 for a married couple living together. Resources include such things as bank accounts, stocks, and bonds. Your annual income must also be limited to \$16,245 for an individual or \$21,855 for a married couple living together. Even if your annual income is higher, you still may be able to get some help.

Hoosier Rx: Hoosier Rx is Indiana's prescription drug plan for low-income seniors. If you are an Indiana resident, age 65 or over, receive a low monthly income, and are without insurance that has a prescription drug benefit, you may qualify. Hoosier Rx does not consider your assets; it only considers your income. So if your yearly net income is \$15,840 or less for an individual or \$21,240 or less for a couple, you could receive help paying for your Medicare prescription drug costs. To apply, call free of charge 1-866-267-4679.

When can I make changes to my coverage?

You can make changes to your Medicare health or prescription drug coverage during the Annual Election Period, between October 15 to December 7, 2011. Depending on your situation, there may be other times when you can change your Medicare health or prescription drug coverage.

New in 2011 Medicare Advantage Disenrollment Period, January 1 to February 14, 2011. Disenroll from a Medicare Advantage Plan and return to Original Medicare. Coverage begins the first day of the next month.

What are my Medicare health plan choices?

You can choose different ways to get your Medicare benefits delivered. Most people get their health care coverage through Original Medicare or a Medicare Advantage Plan (like an HMO or PPO). Your costs vary depending on your coverage and the services you use.

Original Medicare, which provides Medicare Part A and Part B coverage, is a fee-for-service plan managed by the Federal government. This means you are usually charged for each health care service or supply you get. For some services, you will pay an amount called a deductible before Medicare pays its part. Then, when you get a Medicare-covered medical supply or service, Medicare pays its share of the cost of the supply or service, and you pay your share, called the coinsurance or a copayment. You can also join a Medicare Prescription Drug Plan to get Part D coverage.

Medicare Advantage Plans are health plan options that are approved by Medicare and run by private companies. These plans are part of Medicare, and are sometimes called “Part C” Plans. They provide all your Part A and Part B covered services. Medicare Advantage Plans may offer extra coverage and most include Medicare prescription drug coverage (usually for an extra cost). You may need a referral to see a specialist. In some plans, you can only see doctors who belong to the plan or go to certain hospitals to get covered services.

In addition to Original Medicare or a Medicare Advantage Plan, you may be able to join other types of Medicare health plans.

Can I have other types of health insurance?

Yes. You may already have health coverage such as employer or retiree coverage or another type of health insurance. There are times when your other coverage or health insurance must pay before Medicare pays. Talk to your benefits administrator to see how your other coverage or health insurance works with Medicare.

If you have Original Medicare, you might also want to buy a Medigap (sometimes called “Medicare Supplement Insurance”) policy. A Medigap policy, sold by private insurance companies, can help pay some of the health care costs (“gaps”) that Original Medicare doesn’t cover, like copayments, coinsurance, and deductibles.

How can I get help to pay Medicare costs?

There are programs that help millions of people with Medicare save money each year. If you have limited income and resources, your states may help pay Medicare premiums and, in some cases, may also pay Medicare deductibles and coinsurance.

	Income	Assets
Qualified Medicare Beneficiary	\$903 (single)	\$6,680 (single)
	\$1,215 (couples)	\$10,020 (couples)
Specified Low Income Beneficiary	\$1,083 (single)	\$6,680 (single)
	\$1,457 (couples)	\$10,020 (couples)
Qualified Individual	\$1,219 (single)	\$6,680 (single)
	\$1,640 (couples)	\$10,202 (couples)

Where can I get more information?

For more information about getting Extra Help with your Medicare prescription drug plan costs, visit www.socialsecurity.gov or call Social Security at **1-800-772-1213** (TTY

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1-800-325-0778). Social Security representatives are available to help you complete your application.

If you need information about Medicare Savings Programs, Medicare prescription drug plans, how to enroll in a plan, or to request a copy of the *Medicare & You 2011* handbook, please visit www.medicare.gov or call **1-800-MEDICARE (1-800-633-4227; TTY, 1-877-486-2048)**.

You also can request information from the **State Health Insurance Assistance Program (SHIP)** at **1-800-452-4800** or TDD line for the hearing impaired call 1-866-846-0139 or www.medicare.in.gov.

www.medicare.gov/contacts/staticpages/ships.aspx.